B6A (Official Form 6A) (12/07)

In re:	JONATHAN W. GINKA		Case No.		
		Debtor	,	(If known)	

### **SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Home located at: 629 E. Sunset Dr., N. Muskegon, MI 49445 -	Fee Owner	J	\$ 101,000.00	\$ 91,431.00
Value per fair market estimate & SEV x 2				
Joint with non-filing spouse: Tricia Ginka				
TO BE PAID OUTSIDE PLAN				
	Total	$\triangleright$	\$ 101,000.00	

(Report also on Summary of Schedules.)

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**B6B (Official Form 6B) (12/07)** 

In re	JONATHAN W. GINKA		Case No.	
		Debtor		(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

			1 1	
TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Family Financial Credit Union savings - balance varies		16.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		National City Bank- checking - @ \$32.00 savings @ \$1.00 balances vary		33.00
Security deposits with public utilities, telephone companies, landlords, and others.	X			
Household goods and furnishings, including audio, video, and computer equipment.		Misc. electronics - lien /lap top computer -TO BE PAID THROUGH PLAN		1,200.00
Household goods and furnishings, including audio, video, and computer equipment.		Usual furnishings	J	2,500.00
Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Usual apparel		300.00
7. Furs and jewelry.		Misc. jewelry/watches		800.00
Firearms and sports, photographic, and other hobby equipment.		Glock 36 .45 handgun - used in police work		300.00
Firearms and sports, photographic, and other hobby equipment.		Rock & Roll hall of fame framed poster		300.00
<ol> <li>Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.</li> </ol>	Х			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		457 Deferred compensation plan		1,000.00
Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re	JONATHAN W. GINKA	Case No.	
	Debtor	(If known)	)

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
Government and corporate bonds and other negotiable and nonnegotiable instruments.	Х			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	Х			
Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Mercury Sable -lien/value per fair market estimate TO BE PAID THROUGH PLAN		3,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	Х			
31. Animals.		Lab/boxer dog		100.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	Х			
34. Farm supplies, chemicals, and feed.	X			

	Debtor		(If known)
In re	JONATHAN W. GINKA	Case No.	
R9R (	Official Form 6B) (12/07) Cont.		

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
	_	2 continuation sheets attached Total	al >	\$ 9,549.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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B6C (Official Form 6C) (12/07)

In re	JONATHAN W. GINKA	Case No.	
	Debtor		(If known)

### **SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$136,875

11 U.S.C. § 522(b)(2)

☐11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2001 Mercury Sable -lien/value per fair market estimate TO BE PAID THROUGH PLAN	11 USC § 522(d)(2)	1,300.00	3,000.00
457 Deferred compensation plan	11 USC § 522(d)(12)	1,000.00	1,000.00
Family Financial Credit Union savings - balance varies	11 USC § 522(d)(5)	16.00	16.00
Glock 36 .45 handgun - used in police work	11 USC §522(d)(6)	300.00	300.00
Home located at: 629 E. Sunset Dr., N. Muskegon, MI 49445 -	11 USC § 522(d)(1)	9,569.00	101,000.00
Value per fair market estimate & SEV x 2			
Joint with non-filing spouse: Tricia Ginka TO BE PAID OUTSIDE PLAN			
Lab/boxer dog	11 USC § 522(d)(5)	100.00	100.00
Misc. jewelry/watches	11 USC § 522(d)(4)	800.00	800.00
National City Bank- checking - @ \$32.00 savings @ \$1.00 balances vary	11 USC § 522(d)(5)	33.00	33.00
Rock & Roll hall of fame framed poster	11 USC § 522(d)(5)	300.00	300.00
Usual apparel	11 USC § 522(d)(3)	300.00	300.00
Usual furnishings	11 USC § 522(d)(3)	2,500.00	2,500.00

In re	JONATHAN W. GINKA			Case No.	
		Debtor	• ′		(If known)

### **SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 7001062162480408  Best Buy/Retail Services P.O. Box 15521  Wilmington, DE 19850-5521			Security Agreement Misc. electronics - lien /lap top computer -TO BE PAID THROUGH PLAN VALUE \$1,200.00				1,935.00	735.00
ACCOUNT NO. 0000025035 02  Family Financial Credit Union 525 W. Barney Muskegon, MI 49444		Security Agreement 2001 Mercury Sable -lien/value per fair market estimate TO BE PAID THROUGH PLAN VALUE \$3,000.00				1,700.00	0.00	
ACCOUNT NO. 401138608  U.S Bank Home Mortgage P.O. Box 20005 Owensboro, KY 42304-0005	x	J	First Lien on Residence Home located at: 629 E. Sunset Dr., N. Muskegon, MI 49445 -  Value per fair market estimate & SEV x 2  Joint with non-filing spouse: Tricia Ginka TO BE PAID OUTSIDE PLAN  VALUE \$101,000.00				91,431.00	0.00

continuation sheets attached

Subtotal → (Total of this page)

Total > (Use only on last page)

\$ 95,066.00	\$ 735.00
\$ 95,066.00	\$ 735.00

(Report also on Summary of (If applicable, report Schedules)

Schedules)

Summary of Certain Liabilities and Related Data.)

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B6E (Official Form 6E) (12/07)

In re	JONATHAN W. GINKA		Case No.	
		Debtor		(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

¥	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYI	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
	Domestic Support Obligations
	Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or consible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in J.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case
app	Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the pointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions
	Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying pendent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the sation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans
cess	Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the sation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen
	Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals
that	Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units
	Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution
	Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of ernors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. 17 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated
anot	Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug ther substance. 11 U.S.C. § 507(a)(10).
odi	* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of

adjustment.

1 continuation sheets attached

or

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B6E (Official Form 6E) (12/07) - Cont.

In re	JONATHAN W. GINKA	Case No.	
	Debtor	,	(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									\$0.00

Sheet no.  $\underline{1}$  of  $\underline{1}$  continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals ➤ (Totals of this page)

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of

Schedules.)

Total >

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 0.00	\$ 0.00	\$ 0.00
\$ 0.00		
	\$ 0.00	\$ 0.00

B6F (Official Form 6F) (12/07)

In re	JONATHAN W. GINKA		Case No.	
		Debtor	-,	(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

enser the box is debter that he broaker	10 110	nun ig	unsecured claims to report on this Schedule F.				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5424 1808 8578 5532							10,501.00
Citibank P.O. Box 6000 The Lakes, NV 89162-6000			charge account during the past year				
ACCOUNT NO. XXX XX 84121							2,762.00
Direct Loan Servicing P.O. Box 4609 Utica, NY 13504-4609		guaranteed student loan during the past 6-7 yrs.					
ACCOUNT NO. 4851 4300 0983 9839							2,938.00
Family Financial Credit Union 525 W. Barney Muskegon, MI 49444	9		charge account during the past year				
ACCOUNT NO. 819 2423 5075439							1,109.00
Lowe's/GE Money Bank Attn: Bankruptcy Department P.O. Box 103104 Roswell, GA 30076		charge account during the past 1-2 yrs.					
ACCOUNT NO. 6004 3001 1141 0459			·				2,009.00
Menard's/Retail Services P.O. Box 15521 Wilmington, DE 19850-5521			charge account during the past 1-2 yrs.				

1 Continuation sheets attached

Subtotal > \$ 19,319.00

Total > (Use only on last page of the completed Schedule F.)

Out also on Summary of Schedules and, if applicable on the Statistical

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

n re	JONATHAN W. GINKA		Case No.		
		Debtor	<del>-</del> ,	(If known)	

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. none							300.00
Michalski, Barbara Re: personal loan 10409 Vista Del Sol Albuquerque, NM			personal loan				
ACCOUNT NO. <b>754682909</b>			_				500.00
National City P.O. Box 2349 Kalamazoo, MI 49003-2349		overdraft service during the past year					
ACCOUNT NO. <b>J088392742</b>							22,132.00
Nelnet 3015 S. Parker Rd., Ste 400 Aurora, CO 80014			guaranteed student loan during the past 2-3 yrs.				

Sheet no.  $\underline{1}$  of  $\underline{1}$  continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 22,932.00

Total > \$ 42,251.00

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) Case:09-12784-jrh Doc #:1-1 Filed: 10/30/09 Page 11 of 18

B6G (Official Form 6G) (12/07)

In re·	JONATHAN W. GINKA	Occa No.	
	JONATHAN W. GINKA	, Case No	
	Debtor	(If known)	

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☑ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

n re: JONATHAN W. GINKA		Case No.	
	Debtor ,	-	(If known)

## **SCHEDULE H - CODEBTORS**

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Ginka, Tricia Re: co-signed account 629 Sunset Muskegon, MI 49445	U.S Bank Home Mortgage P.O. Box 20005 Owensboro, KY 42304-0005

**B6I (Official Form 6I) (12/07)** 

In re	JONATHAN W. GINKA	Case No.	
	Debtor	7	(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor

Debtor's Marital Status: married	DEPENDENTS OF DEBTOR AND SPOUSE					
marrica	RELATIONSHIP(S): AGE(S):					
	debtor			/\CL	<b>26</b>	
	spouse				26	
	Allison/daughter				8	
	Keira/daughter				5	
Employment:	DEBTOR		SPOUSE		· · · · · · · · · · · · · · · · · · ·	
Occupation police	ce officer	homema	ker/unemployed	i		
Name of Employer City	of Norton Shores					
How long employed 2 + y	vrs .					
Mus	l Henry St. kegon, MI 49441 )733-2691					
INCOME: (Estimate of average of case filed)	r projected monthly income at time	Γ	DEBTOR		SPOUSE	
1. Monthly gross wages, salary, a	nd commissions	\$	5,253.00	\$	0.00	
(Prorate if not paid monthly.) 2. Estimate monthly overtime		\$	0.00	\$	0.00	
3. SUBTOTAL		\$	5,253.00	\$_	0.00	
4. LESS PAYROLL DEDUCTION	NS	<u> </u>	<u> </u>			
a. Payroll taxes and social s	ecurity	\$	687.00	\$_	0.00	
b. Insurance		\$	0.00	\$_	0.00	
c. Union dues		\$	45.00	\$_	0.00	
d. Other (Specify) <u>un</u>	iform replacement	\$	3.00	\$_	0.00	
5. SUBTOTAL OF PAYROLL DE	EDUCTIONS	\$	735.00	\$_	0.00	
6. TOTAL NET MONTHLY TAKE	HOME PAY	\$	4,518.00	\$_	0.00	
7. Regular income from operation	of business or profession or farm					
(Attach detailed statement)		\$	0.00	\$_	0.00	
8. Income from real property		\$	0.00	\$_	0.00	
9. Interest and dividends		\$	0.00	\$_	0.00	
<ol><li>Alimony, maintenance or supp debtor's use or that of deper</li></ol>	ort payments payable to the debtor for the debtor f	\$	0.00	\$_	0.00	
11. Social security or other govern (Specify)	ment assistance	\$\$	0.00	\$	0.00	
12. Pension or retirement income		 \$	0.00	\$	0.00	
13. Other monthly income				_	<u> </u>	
•		\$	0.00	\$ _	0.00	
14. SUBTOTAL OF LINES 7 TH	ROUGH 13	\$	0.00	\$_	0.00	
15. AVERAGE MONTHLY INCO	ME (Add amounts shown on lines 6 and 14)	\$	4,518.00	\$_	0.00	

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		Dobtor	-	(If known)
In re	JONATHAN W. GINKA		Case No.	
B6I (Off	ficial Form 6I) (12/07) - Cont.			

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 4,518.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.: Income does vary depending on extra required appearance - crowd control for events etc. Above is a year to date average

B6J (Official Form 6J) (12/07)

In re JONATHAN W. GINKA	Case No.	
Debtor	(If known)	

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Reprinditures labelled "Spouse."  1. Rent or home mortgage payment (include for mobile home) a. A fre real estate taxes included? Yes VNo b. Is properly insurance included? Yes VNO c. Utilities: a. Electricity and heating fuel b. Water and sewer \$ \$ 65.00 c. Telephone \$ 130.00 d. Other cable tv 3. 4. Food 5. Clothing 6. Laundry and dry cleaning 6. Laundry and entration (not including car payments) 7. Medical and dental experiences 8. 130.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. 150.00 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) 11. Insurance (not deducted from wages or included in home mortgage payments) 12. Taxes (not deducted from wages or included in home mortgage payments) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) 14. Altinony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Children's extracurricular/allowances 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:	Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly experdiffer from the deductions from income allowed on Form22A or 22C.	,	
a. Are real estate taxes included? Yes		arate schedule of	
a. Aver real estate taxes included? Yes	1. Rent or home mortgage payment (include lot rented for mobile home)	\$	836.00
2. Utilities: a. Electricity and heating fuel   \$ 250.00	a. Are real estate taxes included? Yes ✓ No		
D. Water and sewer   S   65.00	b. Is property insurance included? Yes ✓ No		
C. Telephone   S   33.00	2. Utilities: a. Electricity and heating fuel	\$	250.00
d. Other cable tv   \$ 33.00     3. Home maintenance (repairs and upkeep)   \$ 100.00     4. Food   \$ 700.00     5. Clothing   \$ 250.00     6. Laundry and dry cleaning   \$ 250.00     8. Laundry and dry cleaning   \$ 130.00     9. Laundry and dry cleaning   \$ 130.00     9. Recreation, clubs and entertainment, newspapers, magazines, etc.   \$ 360.00     9. Recreation, clubs and entertainment, newspapers, magazines, etc.   \$ 150.00     10. Charitable contributions   \$ 300.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$ 0.00     12. Life   \$ 0.00     6. Life   \$ 0.00     6. Life   \$ 0.00     7. Life   \$ 0.00     8. Content of deducted from wages or included in home mortgage payments   \$ 0.00     9. Content of deducted from wages or included in home mortgage payments   \$ 0.00     12. Taxes (not deducted from wages or included in home mortgage payments)   \$ 0.00     13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   \$ 0.00     14. Alimony, maintenance, and support paid to others   \$ 0.00     15. Payments for support of additional dependents not living at your home   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     17. Other children's extracurricular/allowances   \$ 30.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   \$ 3,466.00     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:   \$ 3,466.00     19. Describe monthly expenses from thie 15 of Schedule   \$ 4,518.00     19. Describe monthly expenses from from Line 16 of Schedule   \$ 3,466.00	b. Water and sewer		65.00
100.00	c. Telephone	\$	130.00
Food   \$ 700.00   \$ 250.00   \$	d. Other cable tv	\$	33.00
Food   \$ 700,00   \$ 250,00   \$	3. Home maintenance (repairs and upkeep)	\$	100.00
6. Laundry and dry cleaning         \$ 130.00           7. Medical and dental expenses         \$ 150.00           8. Transportation (not including car payments)         \$ 360.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 150.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           15. Life         \$ 0.00           c. Health         \$ 0.00           d. Auto         \$ 0.00           d. Auto         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.00           17. Other children's extracurricular/allowances         \$ 0.00           hair cuts         \$ 0.00	4. Food	\$	
7. Medical and dental expenses         \$ 150.00           8. Transportation (not including car payments)         \$ 360.00           9. Recreation, clubs and entertainment, newspapers, magazines, etc.         \$ 150.00           10. Charitable contributions         \$ 0.00           11. Insurance (not deducted from wages or included in home mortgage payments)         \$ 0.00           a. Homeowner's or renter's         \$ 0.00           b. Life         \$ 0.00           c. Health         \$ 0.00           d. Auto         \$ 0.00           e. Other         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments)         \$ 0.00           12. Taxes (not deducted from wages or included in home mortgage payments         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 0.00           13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)         \$ 0.00           14. Alimony, maintenance, and support paid to others         \$ 0.00           15. Payments for support of additional dependents not living at your home         \$ 0.00           16. Regular expenses from operation of business, profession, or farm (attach detailed statement)         \$ 0.00           17. Other children's extracurricular/allowances         \$ 0.00 <t< td=""><td>5. Clothing</td><td>\$</td><td>250.00</td></t<>	5. Clothing	\$	250.00
8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, etc. 9. Recreation, etc.	6. Laundry and dry cleaning	\$	130.00
8. Recreation, clubs and entertainment, newspapers, magazines, etc.  10. Charitable contributions  10. Charitable contributions  2. Homeowner's or renter's  3. Homeowner's or renter's  4. Life  5. 0.00  6. Health  6. Other  6. Other  2. Taxes (not deducted from wages or included in home mortgage payments)  12. Taxes (not deducted from wages or included in home mortgage payments)  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  2. Auto  3. 0.00  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other children's extracurricular/allowances  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  20. STATEMENT OF MONTHLY EXPENSES (Total lines 1-15 of Schedule I	7. Medical and dental expenses	\$	150.00
0. Charitable contributions   \$ 0.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$ 0.00     12. Insurance (not deducted from wages or included in home mortgage payments)   \$ 0.00     13. Life   \$ 0.00     14. Auto   \$ 0.00     15. Chealth   \$ 0.00     16. Other   \$ 0.00     17. Taxes (not deducted from wages or included in home mortgage payments)   \$ 0.00     13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   \$ 0.00     14. Altimory, maintenance, and support paid to others   \$ 0.00     15. Payments for support of additional dependents not living at your home   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     17. Other children's extracurricular/allowances   \$ 0.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   \$ 3,466.00     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY EXPENSES (Total lines 1-5 of Schedule   \$ 4,518.00    21. Average monthly income from Line 15 of Schedule   \$ 4,518.00    22. STATEMENT OF MONTHLY PET INCOME   \$ 4,518.00    23. Average monthly expenses from Line 18 above   \$ 3,466.00	8. Transportation (not including car payments)	\$	360.00
Insurance (not deducted from wages or included in home mortgage payments)   A. Homeowner's or renter's   \$ 0.00     D. Life   \$ 0.00     C. Health   \$ 0.00     d. Auto   \$ 67.00     e. Other   \$ 0.00     12. Taxes (not deducted from wages or included in home mortgage payments)     (Specify)   \$ 0.00     13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)     a. Auto   \$ 0.00     b. Other   \$ 0.00     b. Other   \$ 0.00     14. Alimony, maintenance, and support paid to others   \$ 0.00     15. Payments for support of additional dependents not living at your home   \$ 0.00     16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   \$ 0.00     hair cuts   \$ 30.00     hair cuts   \$ 30.00     hair cuts   \$ 30.00     hair cuts   \$ 30.00     18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)   \$ 3,466.00     19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME   \$ 4,518.00     a. Average monthly income from Line 15 of Schedule   \$ 4,518.00     b. Average monthly expenses from Line 18 above   \$ 3,466.00	9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	150.00
a. Homeowner's or renter's \$ 0.000 b. Life \$ 0.000 c. Health \$ 0.000 d. Auto \$ 0.000 d. Auto \$ 0.000 e. Other_ \$ 0.000 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 0.000 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto \$ 0.000 b. Other_ \$ 0.000 14. Alimonry, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.000 17. Other children's extracurricular/allowances \$ 80.000 hair cuts \$ 30.000 school lunches \$ 85.000 vet/pet care \$ 50.000 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I \$ 4,518.000 b. Average monthly expenses from Line 18 above \$ 3,466.000	10. Charitable contributions	\$	0.00
b. Life \$ 0.00 c. Health \$ 0.00 d. Auto \$ 0.00 e. Other_ c. Other_ characteristical Summary of Certain Liabilities and Related Data.)  b. Life \$ 0.00 c. Health \$ 0.00 c. Health \$ 0.00 c. Other_ characteristical Summary of Certain Liabilities and Related Data.)  b. Average monthly income from Line 15 of Schedule I a. Average monthly income from Line 15 of Schedule I a. Average monthly expenses from Line 18 above  c. Other children's extracurricuner form Line 18 above  b. Average monthly expenses from Line 18 above  c. Other characteristics content of the set of the s	11. Insurance (not deducted from wages or included in home mortgage payments)		
c. Health d. Auto e. Other e. Other s. Other c. Other s.	a. Homeowner's or renter's	\$	0.00
d. Auto e. Other c. O	b. Life		0.00
e. Other	c. Health	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 0.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto \$ 0.00  b. Other \$ 0.00  14. Alimony, maintenance, and support paid to others \$ 0.00  15. Payments for support of additional dependents not living at your home \$ 0.00  16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00  17. Other children's extracurricular/allowances \$ 80.00  hair cuts \$ 30.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I \$ 4,518.00  b. Average monthly expenses from Line 18 above \$ 3,466.00	d. Auto	\$	67.00
(Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other 3. O.00 b. Other 4. Alimony, maintenance, and support paid to others 4. Alimony, maintenance, and support paid to others 5. Payments for support of additional dependents not living at your home 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 6. Regular expenses from operation of business, profession, or farm (attach detailed statement) 7. Other children's extracurricular/allowances 8. 30.00 8. 30.00 8. 30.00 8. 30.00 8. 30.00 8. 50.00 8. 50.00 8. 50.00 8. 3,466.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  9. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  20. STATEMENT OF MONTHLY NET INCOME 8. 4,518.00 9. 4,518.00 9. 4,518.00 9. 4,518.00 9. 4,518.00 9. 3,466.00	e. Other	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto  b. Other  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other children's extracurricular/allowances  hair cuts  school lunches  vet/pet care  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 3,466.00	12. Taxes (not deducted from wages or included in home mortgage payments)		
a. Auto b. Other b. Other children's extracurricular/allowances hair cuts school lunches vet/pet care  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	(Specify)	\$	0.00
b. Other b. Alimony, maintenance, and support paid to others b. Payments for support of additional dependents not living at your home b. Regular expenses from operation of business, profession, or farm (attach detailed statement) b. Other b. Regular expenses from operation of business, profession, or farm (attach detailed statement) b. Other b. Regular expenses from operation of business, profession, or farm (attach detailed statement) b. Other b. Regular expenses from operation of business, profession, or farm (attach detailed statement) b. Other b. Regular expenses from operation of business, profession, or farm (attach detailed statement) b. Other b. Alimony, maintenance, and support paid to others b. Other b. Other b. Other b. Other b. Alimony, maintenance, and support paid to others b. Other b. Ot	13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other children's extracurricular/allowances 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 18. AVERAGE MONTHLY EXPENSES (Total Lines 1-16. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 3,466.00	a. Auto	\$	0.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other children's extracurricular/allowances 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  \$ 0.0	b. Other	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other children's extracurricular/allowances    hair cuts   \$ 80.00     school lunches   \$ 85.00     vet/pet care   \$ 50.00    18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I   \$ 4,518.00   b. Average monthly expenses from Line 18 above   \$ 3,466.00	14. Alimony, maintenance, and support paid to others	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other children's extracurricular/allowances	15. Payments for support of additional dependents not living at your home	\$	
17. Other children's extracurricular/allowances hair cuts school lunches vet/pet care  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 80.00 \$ 30.00 \$ 3,466.00	16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u> </u>
school lunches vet/pet care  \$ 85.00 vet/pet care  \$ 50.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 3,466.00	17. Other children's extracurricular/allowances	\$	
vet/pet care  \$ 50.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 3,466.00	hair cuts	\$	30.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 4,518.00 \$ 3,466.00	school lunches	\$	85.00
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 3,466.00	vet/pet care		50.00
20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I \$ 4,518.00  b. Average monthly expenses from Line 18 above \$ 3,466.00	18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	3,466.00
a. Average monthly income from Line 15 of Schedule I \$ 4,518.00 b. Average monthly expenses from Line 18 above \$ 3,466.00	19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the	filing of this docu	iment:
b. Average monthly expenses from Line 18 above \$ 3,466.00	20. STATEMENT OF MONTHLY NET INCOME		
	a. Average monthly income from Line 15 of Schedule I	\$	4,518.00
c. Monthly net income (a. minus b.) \$ 1,052.00	b. Average monthly expenses from Line 18 above	\$	3,466.00
	c. Monthly net income (a. minus b.)	\$	1,052.00

B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court Western District of Michigan

n re JONATHAN W. GINKA	Case No.
Debtor	Charter
	Chapter 13

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS		ASSETS		ASSETS		ASSETS		ASSETS		LIABILITIES	OTHER
A - Real Property	YES	1	\$	101.000.00										
B - Personal Property	YES	3	\$	9,549.00										
C - Property Claimed as Exempt	YES	1												
D - Creditors Holding Secured Claims	YES	1			\$ 95.066.00									
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2			\$ 0.00									
F - Creditors Holding Unsecured Nonpriority Claims	YES	2			\$ 42,251.00									
G - Executory Contracts and Unexpired Leases	YES	1												
H - Codebtors	YES	1												
I - Current Income of Individual Debtor(s)	YES	2				\$ 4.518.00								
J - Current Expenditures of Individual Debtor(s)	YES	1				\$ 3,466.00								
тот	AL	15	\$	110,549.00	\$ 137,317.00									

Form 6 - Statistical Summary (12/07)

## United States Bankruptcy Court Western District of Michigan

In re	JONATHAN W. GINKA	Case No.	
	Debtor	-, Chapter	13
	STATISTICAL SUMMARY OF CERTAIN LIABILITI	IES AND RELATED [	OATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.

§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$ 24,894.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$ 24,894.00

#### State the following:

Average Income (from Schedule I, Line 16)	\$ 4,518.00
Average Expenses (from Schedule J, Line 18)	\$ 3,466.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ 5,045.00

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$735.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$
4. Total from Schedule F	\$42,251.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$42,986.00

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)